

# **\* RETURN TO HILLCREST \***

Saint Paul Division of Parks and Recreation  
Hillcrest Community Recreation Center  
Recreation for Pre-Schoolers Program

Coordinators: Keeley Hanson & Barb Biagi

## Registration Check Off

Child's Name

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\_\_\_\_\_ \$35.00 Non-Refundable Registration Fee

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Fee Contract Form

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Medication Permission Form

\_\_\_\_\_ Immunization Record Form

\_\_\_\_\_ Release Form

\_\_\_\_\_ Parent Handbook

**Saint Paul Parks and Recreation  
Hillcrests - Recreation for Pre-Schoolers Program**

**REGISTRATION FORM**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ Sex: \_\_\_\_ Female \_\_\_\_ Male

Child resides with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father

\_\_\_\_\_ stepfather \_\_\_\_\_ stepmother \_\_\_\_\_ guardian

Mother - Guardian's Name \_\_\_\_\_

Stepfather's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

Business phone (    ) \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father - Guardian's Name \_\_\_\_\_

Stepmother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

Business phone (    ) \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Persons authorized to pick your child up from Hillcrest. Photo identification may be requested by staff, prior to releasing your child.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____

## HELPFUL ADDITIONAL INFORMATION

List any condition present that might result in an emergency and correct plan of action:

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List any special needs of your child (allergies, special diet, etc.):

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Language, other than English, your child speaks or understands:

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Special interests or favorite activities of your child:

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Particular behavior difficulties or potential problems we should be aware of:

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Any additional information that would be helpful:

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List the names and ages of brothers, sisters, stepbrothers and stepsisters:

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In relation to your child, what are your expectations of Recreation for Pre-Schoolers:

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Signature\_\_\_\_\_ Date\_\_\_\_\_

**Saint Paul Parks and Recreation  
Hillcrests - Recreation for Pre-Schooler  
Emergency Information Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Birth Date \_\_\_\_\_ \* \_\_\_\_\_ \*

Mother's Name \_\_\_\_\_

Business phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Business phone (    ) \_\_\_\_\_

Parent - Guardian to contact in case of an emergency: \_\_\_\_\_

If my child becomes ill, and I cannot be reached, please call:

1. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Doctor and Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Medical Insurance Company and Policy Number for your child:

\_\_\_\_\_

Preferred Hospital - Emergency Room \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Saint Paul Parks and Recreation**  
**Hillcrests - Recreation for Pre-Schoolers Program**  
**St. Paul Division of Parks and Recreation Medication Authorization for Administration**  
(Short-term Programs)

The following authorization form must be completed by Parent/Guardian for all short-term programs offered by the St. Paul Division of Parks and Recreation in which medication may need to be administered during the time of activity. This includes field trips, day camp programs, overnight trips, etc.

Name of Participant \_\_\_\_\_ Birth date \_\_\_\_\_

Program enrolled in \_\_\_\_\_ Dates of Program \_\_\_\_\_

Name of Physician/Licensed Prescriber \_\_\_\_\_

Clinic Address \_\_\_\_\_ Clinic Phone \_\_\_\_\_

***Medications include all prescription as well as non-prescription/over-the-counter medications***

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Other Considerations/Directions \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ \*Route = Oral, topical, or inhaled

**Parent/Guardian Authorization**

1. I request that the above medications(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. I give permission for the Program Coordinator to consult with the above named physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Parent/Guardian Signature \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Note: Medication is to be supplied in the original/prescription bottle. Non-prescription/Over-the-Counter Medication must be sent in the original container which has an identifiable label.

AA-ADA-EEO Employer

**Saint Paul Parks and Recreation  
Hillcrests - Recreation for Pre-Schoolers Program**

**Release Form**

Child's Name \_\_\_\_\_

**Program**

I agree to abide by the terms and conditions of the Saint Paul Parks and Recreation, Recreation for Pre-Schoolers Program, policies of which I have received a copy, governing the enrollment of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trips**

I agree to permit my child to participate in the field trips sponsored by the Recreation for Pre-Schooler Program. Trips will be posted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Emergencies**

In the case of a life-threatening emergency involving my child, I authorize the Recreation for Pre-Schoolers Program to use the Saint Paul Paramedics to transport my child to the nearest hospital Emergency Room, for emergency medical treatment. The child will be transported at the expense of the parent. (If you prefer a specific hospital, please indicate which one. We will use it if possible.)

Hospital \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Accidental Poisoning**

In the event of accidental poison ingestion, I understand that the Recreation for Pre-Schoolers staff will contact the Poison Control Center. I hereby give my permission for the staff to administer Syrup of Ipecac to my child, if directed to do so by a physician, or the authorities of the Poison Control Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Anecdotes and Pictures**

I grant my permission to the Recreation for Pre-Schoolers Program to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Saint Paul Parks and Recreation  
Hillcrests - Recreation for Pre-Schoolers Program**

**Fee Contract**

Child's Name \_\_\_\_\_

Recreation for Pre-Schoolers is a non-profit program, which operates on the fees paid by the parent(s) of enrolled children. Therefore, it is essential that your **tuition payment be paid by the first week of the month. Any payments paid after the first week will be charged a \$10.00 late fee.**

<b>Month</b>	<b>Total Payment</b> Muddy Ducks - \$120.00 a month Busy Bees - \$100.00 a month
September 2009	
October 2009	
November 2009	
December 2009	
January 2010	
February 2010	
March 2010	
April 2010	
May 2010	

**AGREEMENT:** I have read the Recreation for Pre-Schoolers fee payment policies, and I agree to pay the monthly tuition in advance. I also understand that the tuition is due, in full, for all of the above months regardless of vacations or illnesses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

